

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Earl Scales, Esq.	TELEPHONE NUMBER 601-359-4237	
ADDRESS 750 North State Street		CITY Jackson	STATE MS	ZIP 39202
EMAIL escal@ago.state.ms.us	SUBMIT DATE 04/01/2014	Name or number of rule(s): Mississippi Child Care Payment Program Policy Manual (original APA system number 20385)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of this document is to extend the effective date of the policies for the Mississippi Child Care Payment Program.

Specific legal authority authorizing the promulgation of rule: Sec 43-1-2 et. sec.

List all rules repealed, amended, or suspended by the proposed rule: This proposed rule replaces the current Mississippi Child Care Payment Program Policy Manual FFY 2013.

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place: ☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

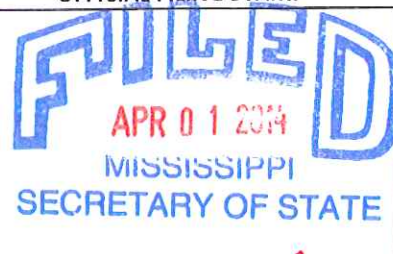
ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES ____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): ____	PROPOSED ACTION ON RULES Action proposed: ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference Proposed final effective date: ____ 30 days after filing Other (specify): ____	FINAL ACTION ON RULES Date Proposed Rule Filed: <u>01/30/2014</u> Action taken: ____ Adopted with no changes in text X ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed Effective date: ____ 30 days after filing X ____ Other (specify): <u>June 7, 2014</u>
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Printed name and Title of person authorized to file rules: Earl Scales, Esq.

Signature of person authorized to file rules: M. Earl Scales

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>#20436</u>
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